

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -7 AM 10:46

DOCUMENT # A95000000598 1. Entity Name HARVILL GROVES, LTD.					
Principal Place of Business H. DOYLE HARVILL 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629			Mailing Address H. DOYLE HARVILL 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3306996	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARVILL, H. DOYLE 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300032970143 04/16/04--01054--013 **141.25 City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # L02000010346 NAME HARVILL GROVE MANAGEMENT I, LLC STREET ADDRESS 2611 BAYSHORE BLVD UNIT 607 CITY-ST-ZIP TAMPA, FL 33629			STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629-7360		
DOCUMENT # L02000010344 NAME HARVILL GROVE MANAGEMENT II, LLC STREET ADDRESS 2611 BAYSHORE BLVD UNIT 607 CITY-ST-ZIP TAMPA, FL 33629			STREET ADDRESS 806 NEWPORT AV., S. CITY-ST-ZIP TAMPA, FL 33606-2935		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date 4-4-04 Daytime Phone #					

H. DOYLE HARVILL, MGRM
HARVILL GROVES, MANAGEMENT I, LLC

STAPLE CHECK HERE